

**PUBLIC LAW 102-477
FINANCIAL STATUS REPORT**

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifiyi No. Assigned By Federal Ag	OMB Approval No. 1076-0135	Page 1 of 1 pages
BUREAU OF INDIAN AFFAIRS	A13AV00481		

3. Recipient Organization (Name and complete address, including ZIP code)

White Earth Tribal Council
Box 418
White Earth, MN 56591

4. Employer Identification Number	5. Recipient Account Number or Identifying Num	6. Final Report	7. Basis
41-1737979	1970	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Accrual

8. Funding/Grant Period (See Instructions From: (Month, Day, Year) To: (Month, Day, Year)	9. Period Covered By this Report From: (Month, Day, Year) To: (Month, Day, Year)
10/1/2012 9/30/2015	10/1/2012 9/30/2014

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	8,149	8,149
b. Recipient share of outlays			
c. Federal share of outlays	0	8,149	8,149
d. Total unliquidated obligations	*****	*****	
e. Recipient share of unliquidated obligations	*****	*****	
f. Federal share of unliquidated obligations	*****	*****	
g. Total Federal share (sum of lines c and f)	*****	*****	8,149
h. Total Federal Funds authorized for this funding period	*****	*****	334,585
i. Unobligated balance of Federal funds (line h minus line g)	*****	*****	326,436

11. Indirect Expense	a. Type of Rate (Place an X in appropriate box)			
	<input type="radio"/> Provisional	<input type="radio"/> Predetermined	<input type="radio"/> Final	<input type="radio"/> Fixed
	b. Rate 15%	c. Base 6,343	d. Total Amount 951	e. Federal Amount 951

12. Remarks: See instructions, Section 12 a-f, for required attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report in correct and complete and that all outlays and unliquidated obligations are for the purposes as set forth in the award documents.

Typed or Printed Name and Title
Tracy Lhotka, Finance Coordinator

Telephone (Area code, number and extension)
218-983-4645 ext 5112

Signature of Authorized Certifying Official

Tracy Lhotka

Date Report Submitted
10/24/2014

PUBLIC LAW 102-477
FINANCIAL STATUS REPORT

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying No. Assigned By Federal Agency	OMB Approval No. 1076-0135	Page 1 of 1 pages
BUREAU OF INDIAN AFFAIRS	GTK00T02810		

3. Recipient Organization (Name and complete address, including ZIP code)

White Earth Tribal Council
Box 418
White Earth, MN 56591

4. Employer Identification Number	5. Recipient Account Number or Identifying Num	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
41-1737979	970		

8. Funding/Grant Period (See Instructions From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered By this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10/01/2009	09/30/2012	10/01/2013	09/30/2014

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	774,208	332,986	1,107,194
b. Recipient share of outlays			
c. Federal share of outlays	774,208	332,986	1,107,194
d. Total unliquidated obligations	*****	*****	
e. Recipient share of unliquidated obligations	*****	*****	
f. Federal share of unliquidated obligations	*****	*****	
g. Total Federal share (sum of lines c and f)	*****	*****	1,107,194
h. Total Federal Funds authorized for this funding period	*****	*****	1,107,194
i. Unobligated balance of Federal funds (line h minus line g)	*****	*****	0

11. Indirect Expense	a. Type of Rate (Place an X in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate 0.15	c. Base 263,057	d. Total Amount 39,459	e. Federal Amount 39,459

12. Remarks: See instructions, Section 12 a-f, for required attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

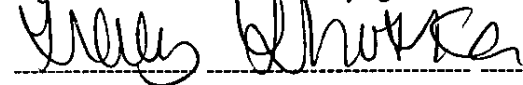
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes as set forth in the award documents.

Typed or Printed Name and Title
Tracy Lhotka, Finance Coordinator

Telephone (Area code, number and extension)
218-983-4645 ext 5112

Signature of Authorized Certifying Official

Date Report Submitted
10/17/2014



12/15/2015